

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS19ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2009
NAME OF PROVIDER OR SUPPLIER WESTCARE NEVADA, INC. - HARRIS SPRINGS RANC		STREET ADDRESS, CITY, STATE, ZIP CODE MAILING-5659 DUNCAN DRIVE LAS VEGAS, NV 89130		
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D 000	Initial Comment The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 1/13/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for fifty-six residential program beds for the treatment of abuse of alcohol and drugs. The census at the time of the survey was forty-nine. Fifteen resident files and ten employee files were reviewed. One discharged resident file was reviewed.	D 000		
D 080 SS=B	NAC 449.114(6) Employees 6. The facility must provide an orientation session to new employees. Documentation of the sessions must be maintained in the employee's personnel record. This Regulation is not met as evidenced by: Based on record review on 1/13/09, the facility did not provide evidence that 2 of 10 employees participated in an orientation program. Findings include: The files for Employee #5 and #6 did not contain evidence they completed an orientation program.	D 080		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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D 080	Continued From page 1	D 080		
	Severity: 1 Scope: 2			
D 089 SS=B	NAC 449.114(9)(a) Employees 9. A personnel record must be maintained for each employee. The record must contain: (a) The employment application This Regulation is not met as evidenced by: Based on record review on 1/13/09, the facility failed to obtain an employment application for 2 of 10 employees. Findings include: The files for Employee #3 and #5 did not contain employment applications. Severity: 1 Scope: 2	D 089		
D 090 SS=C	NAC 449.114(9)(b) Employees 9. A personnel record must be maintained for each employee. The record must contain: (b) Letters of recommendation This Regulation is not met as evidenced by: Based on record review on 1/13/09, the facility did not obtain letters of recommendation for 8 of 10 employees. Findings include: The files for Employee #1, #2, #3, #5, #6, #7, #8 and #9 did not contain letters of recommendation. Severity: 1 Scope: 3	D 090		

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D 091 SS=C	<p>NAC 449.114(9)(c) Employees</p> <p>9. A personnel record must be maintained for each employee. The record must contain: (c) Reference investigation records</p> <p>This Regulation is not met as evidenced by: Based on record review on 1/13/09, the facility failed to conduct reference investigations on 8 of 10 employees.</p> <p>Findings include:</p> <p>The files for Employee #1, #3, #5, #6, #7, #8, #9 and #10 did not contain evidence their references had been checked.</p> <p>Severity: 1 Scope: 3</p>	D 091		
D 100 SS=F	<p>NAC 449.117 Physical Examinations</p> <p>All persons employed in a facility must have documentation showing that they are in compliance with any applicable provisions of chapter 441A of NAC concerning tuberculosis.</p> <p>This Regulation is not met as evidenced by: NAC 441A.375 Medical facilities, facilities for the dependent and homes for individual residential care: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment. (NRS 441A.120) 1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility or a facility for the dependent must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of</p>	D 100		

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D 100	Continued From page 3 subsection 1 of NAC 441A.200. 2. A medical facility, a facility for the dependent or a home for individual residential care shall maintain surveillance of employees of the facility or home for tuberculosis and tuberculosis infection. The surveillance of employees must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. Before initial employment, a person employed in a medical facility, a facility for the dependent or a home for individual residential care shall have a: a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of	D 100		

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D 100	<p>Continued From page 4</p> <p>examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>4. An employee with a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs unless he develops symptoms suggestive of tuberculosis.</p> <p>5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.</p> <p>6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. (Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)</p> <p>Based on record review on 1/13/09, the facility did not ensure that 7 of 15 employees met the requirements of NAC 441A.375 concerning tuberculosis (TB).</p> <p>Findings include:</p>	D 100		

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D 100	<p>Continued From page 5</p> <p>Employee #1 - The employee's file did not contain a copy of a physical examination indicating the employee was in a state of good health, was free from active TB and any other disease in a contagious stage. The employee's file did not contain any evidence of TB skin testing.</p> <p>Employee #2 - The employee's file contained evidence the employee completed the first step of the required two-step TB skin test on 2/3/08. The file did not contain the results of the second-step TB skin test.</p> <p>Employee #3 - The employee's file did not contain a copy of a physical examination indicating the employee was in a state of good health, was free from active TB and any other disease in a contagious stage.</p> <p>Employee #4 - The employee's file contained evidence of a two-step TB skin test completed on 8/6/07, but did not contain an annual TB skin test for 2008.</p> <p>Employee #5 - The employee's file did not contain any evidence of TB skin testing.</p> <p>Employee #8 - The employee's file did not contain a copy of a physical examination indicating the employee was in a state of good health, was free from active TB and any other disease in a contagious stage. The employee's file did not contain any evidence of TB skin testing.</p> <p>Employee #9 - The employee's file contained evidence of a two-step TB skin test completed on 9/27/07, but did not contain an annual TB skin test for 2008.</p>	D 100			

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D 100	Continued From page 6 Severity: 2 Scope: 3	D 100		
D 111 SS=F	NAC 449.123(5) Sanitary Requirements 5. The facility shall establish a policy that prohibits clients from sharing items for personal use, such as combs, toothbrushes, towels or bar soap. This Regulation is not met as evidenced by: Based on record review on 1/13/09, the facility did not establish a policy prohibiting residents from sharing items for personal use. Findings include: The policy and procedure manual did not contain a policy prohibiting residents from sharing items such as toothbrushes, towels or soap. Severity: 2 Scope: 3	D 111		
D 132 SS=D	NAC 449.129(3) Construction Standards 3. Facilities housing 17 or more clients must meet the requirements of the chapter entitled " New Hotels and Dormitories, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105. Those facilities housing not more than 16 clients must meet the requirements of the chapter entitled " Lodging or Rooming Houses, " of the edition of NFPA 101: Life Safety Code, adopted by reference pursuant to NAC 449.0105.	D 132		

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D 132	<p>Continued From page 7</p> <p>This Regulation is not met as evidenced by: Based on observation and testing on 1/13/09, the facility failed to comply with the National Fire Protection Association (NFPA) 101 Life Safety Code, 2006 edition Chapter 28 NEW HOTELS and DORMITORIES.</p> <p>Findings include:</p> <p>Chapter 28 New Hotels and Dormitories</p> <p>28.2.9 Emergency Lighting</p> <p>28.2.91 Emergency lighting in accordance with Section 7.9 shall be provided</p> <p>7.9.2.3 The emergency lighting system shall be arranged to provide the required illumination automatically in the event of any interruption of normal lighting due to any of the following:</p> <p>(1) Failure of a public utility or other outside electrical power supply</p> <p>(2) Opening of a circuit breaker or fuse</p> <p>(3) Manual act(s), including accidental opening of a switch controlling normal lighting facilities</p> <p>Emergency lights did not function when tested for 5 of 22 emergency lights at the following locations:</p> <p>1) The emergency light located in cabin #1.</p> <p>2) The emergency light located in bathroom #1.</p> <p>3) The emergency light located in cabin #2.</p> <p>4) The emergency light located in cabin #4.</p> <p>5) The emergency light located in cabin #5.</p> <p>Severity: 2 Scope: 1</p>	D 132		

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D 215 SS=F	<p>NAC 449.141(7) Health Services</p> <p>7. There must be one staff person in the facility who is capable of providing cardiopulmonary resuscitation at all times. Staff members providing cardiopulmonary resuscitation must be qualified by the American Red Cross or another recognized agency.</p> <p>This Regulation is not met as evidenced by: Based on record review on 1/13/09, the facility did not ensure that 8 of 10 staff persons had evidence of cardiopulmonary resuscitation training (CPR).</p> <p>Findings include:</p> <p>The files for Employee #1, #2, #3, #5, #6, #7, #9 and #10 did not contain evidence they completed CPR training.</p> <p>Facility requirements/conditions for employment indicated that CPR training was mandatory.</p> <p>Severity: 2 Scope: 3</p>	D 215		
D 216 SS=F	<p>NAC 449.141(8) Health Services</p> <p>8. Clients of residential programs must undergo a tuberculin skin test that meets the requirements specified in chapter 441A of NAC.</p> <p>This Regulation is not met as evidenced by: NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment;</p>	D 216		

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D 216	Continued From page 9 counseling and preventive treatment; documentation. (NRS 441A.120). 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within	D 216		

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D 216	<p>Continued From page 10</p> <p>the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis.</p> <p>4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.</p> <p>5. If a test or evaluation indicates that a person</p>	D 216		

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D 216	<p>Continued From page 11</p> <p>has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.</p> <p>6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.</p> <p>The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.</p> <p>8. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record.</p> <p>(Added to NAC by Bd. of Health, eff. 1-24-92; A</p>	D 216		

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D 216	<p>Continued From page 12</p> <p>3-28-96; R084-06, 7-14-2006)</p> <p>Based on record review on 1/13/09, the facility did not ensure that 14 of 15 residents met the requirements of NAC 441A.380 concerning tuberculosis (TB).</p> <p>Findings include:</p> <p>The files for Resident #3, #7, #11, #13, and #14 did not contain any evidence of TB testing.</p> <p>Resident #1 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 11/26/08. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #2 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 1/11/09. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #4 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 12/31/08. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #5 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 1/2/09. The file did not contain the results of the required second step TB skin test.</p> <p>Resident #6 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 8/29/08. The file did not contain the results of the required</p>	D 216		

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Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS19ADA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/13/2009
NAME OF PROVIDER OR SUPPLIER WESTCARE NEVADA, INC. - HARRIS SPRINGS RANC		STREET ADDRESS, CITY, STATE, ZIP CODE MAILING-5659 DUNCAN DRIVE LAS VEGAS, NV 89130		
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D 216	Continued From page 13 second step TB skin test. Resident #8 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 8/6/08. The file did not contain the results of the required second step TB skin test. Resident #9 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 7/11/08. The file did not contain the results of the required second step TB skin test. Resident #10 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 8/4/08. The file did not contain the results of the required second step TB skin test. Resident #12 - The resident's file contained evidence the resident completed the first step of the required two-step TB skin test on 11/21/08. The file did not contain the results of the required second step TB skin test. Severity: 2 Scope: 3	D 216		
D 217 SS=F	NAC 449.141(9) Health Services 9. Each facility shall maintain and have readily available first-aid supplies. Staff members shall have evidence that they have received training on the use of first-aid supplies. This Regulation is not met as evidenced by: Based on record review on 1/13/09, the facility did not ensure that 8 of 10 staff members had	D 217		

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D 217	Continued From page 14 evidence of first aid training. Findings include: The files for Employee #1, #2, #3, #5, #6, #7, #9 and #10 did not contain evidence they completed first aid training. Severity: 2 Scope: 3	D 217		
D 230 SS=D	NAC 449.144(1)(e) Medication The policies must require that: (e) The self-administration of prescription medication be permitted only when the medication is clearly labeled. This Regulation is not met as evidenced by: Based on observation on 1/13/09, the facility failed to ensure that prescription medications were clearly labeled. Findings include: Resident medications were reviewed. Several prescription inhalers and samples of Seroquel were not labeled with a resident name. Severity: 2 Scope: 1	D 230		
D 231 SS=E	NAC 449.144(1)(f) Medication The policies must require that: (f) There be documentation in the client ' s record of the name of the medication, dose, route of administration, time and name of the person observing the self-administration or the licensed	D 231		

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D 231	<p>Continued From page 15</p> <p>staff member who administered the medication.</p> <p>This Regulation is not met as evidenced by: Based on record review on 1/13/09, the facility failed to maintain accurate documentation of the medication administration record (MAR) for 4 of 10 residents.</p> <p>Findings include:</p> <p>Resident #3 - Four medications (Viscous Lidocaine, Selenium, Fluoxetine and Flunisolide) were observed in the resident's medication container. The Lidocaine, Selenium and Flunisolide were not listed on the MAR. In addition, the MAR indicated the last dose of Fluoxetine was taken on 1/7/09. There was no evidence the medication had been re-ordered.</p> <p>Resident #6 - The resident's Hydroxyzine was labeled as an as needed (PRN) medication. The MAR indicated the medication was not a PRN medication and was being administered three times daily.</p> <p>Resident #7 - The prescription label for the resident's Depakote ER indicated the medication inside the bottle was 500 mg. The MAR did not list the dosage amount for the medication.</p> <p>Resident #8 - The prescription label for the resident's Zyprexa indicated the medication inside the bottle was 10 mg. The MAR did not list the correct dosage amount for the medication.</p> <p>Severity: 2 Scope: 2</p>	D 231		
D 236 SS=D	NAC449.144(5) Medication	D 236		

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D 236	Continued From page 16 5. All medication must be maintained in locked storage. Controlled substances must be maintained in a locked box within the locked storage. Medications requiring refrigeration must be kept in a locked box inside the refrigerator separated from food and other items. Disinfectants and medication for external use must be stored separately from medications for internal use and from medications that can be injected. All potent, poisonous or caustic drugs must be plainly labeled, stored and made accessible only to authorized persons. All medication storage must be maintained in accordance with the security requirements of federal, state and local laws. This Regulation is not met as evidenced by: Based on observation on 1/13/09, the facility failed to ensure that external medications were stored separately from internal medications. Findings include: A tube of Bengay ointment was observed being stored with oral medications. Severity: 2 Scope: 1	D 236		
D 245 SS=C	NAC 449.147(1) Dietary Services 1. Facilities must serve at least three meals or their equivalent daily, at regular times, with not more than 14 hours between a substantial evening meal and breakfast. A second serving must be provided for those residents who desire one. This Regulation is not met as evidenced by:	D 245		

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D 245	Continued From page 17 Based on record review and interview on 1/13/09, the facility did not ensure there was not more than 14 hours between a substantial evening meal and breakfast. Findings include: The facility scheduled four servings times for dinner, starting at 4:30 PM for the youth residents. Breakfast for this group was served at 7:15 AM. This exceeded the allowable timeframe between these meals. Severity: 1 Scope: 3	D 245		
D 250 SS=F	NAC 449.147(6)(a-d) Dietary Services 6. A facility with more than 10 clients must: (a) Comply with all applicable provisions of chapter 446 of NRS and the regulations adopted pursuant thereto; (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Health Division; (c) Maintain a report of each inspection concerning the sanitation of the facility for at least 1 year after the date of the inspection; and (d) Maintain a report of each corrective action taken to address a deficiency noted in a report described in paragraph (c) for at least 1 year after the date of the corrective action. This Regulation is not met as evidenced by: Based on observation, record review, and interview on 1/13/09, the facility did not ensure its kitchen complied with all applicable provisions of	D 250		

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D 250	Continued From page 18 chapter 446 of NRS. Findings include: Handwashing sink: There was no trash receptacle near the sink. Refrigerator: There was a container of peeled boiled eggs which had not been covered or dated. An opened bag of shredded cheddar cheese had not been dated. Dry storage: There were six dented cans. Personnel: Only one kitchen staff member had completed an approved course in the protection and sanitation of food. Severity: 2 Scope: 3	D 250		
D 273 SS=A	NAC 449.150(10) Records of Clients 10. A discharge plan, as determined by a case management services assessment of the client, must be documented for each client discharged from the facility. The discharge plan must be formulated upon a client ' s admission to the facility. This Regulation is not met as evidenced by: Based on record review and interview on 1/13/09, the facility failed to ensure that discharge information was documented in the file of 1 of 1 discharged residents. Findings include: Resident #16 - Date of admission was 11/14/08. The resident's file was reviewed and contained	D 273		

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D 273	Continued From page 19 no information regarding the resident's discharge date, discharge reason, discharge notes or if any discharge planning had been conducted. A staff person was interviewed and stated the resident's discharge date was 1/7/09. The staff person reported the resident had serious mental health issues and was transferred to the local community triage center for an evaluation, but went "awol." The staff person reported the counselor responsible for the resident had also failed to enter discharge information in the computerized charting system. Severity: 1 Scope: 1	D 273		
DK999	Final Comments This Regulation is not met as evidenced by: Based on observation and staff interviews on 1/13/09, the facility failed to discard expired over-the-counter medications. Findings include: On 1/12/09, one package of guaifenesin expectorant (expired 1-08) and a tube of clotrimazole cream (expired 6/08) were observed being stored with resident medications. Severity: 2 Scope: 3	DK999		

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